Automated External Difibrillator (AED) Post Response Summary Report and Checklist



| GSFC Location Greenbelt | on: | Wallops | | GISS (NY | C) I | V&V (| W. Va.) |
|--|-------|----------------------|----------------------|----------------------|-------|------------------|-----------------|
| Building | Floor | Code | Date of Response Tin | | ime c | ne of First Call | |
| Unit Responding: Fitness Center | | Lay First Responders | | Security EMT Firefig | | irefigl | nter EMT |
| AED Team Members Responding | | | | | | | Time of Arrival |
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| Summary of Incident, (Include description of patient, condition, vital signs, status, CPR, | | | | | | | |
| changes in patient condition and action of team.) | | | | | | | |
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| Deat Beauches Check List | | | | | | | |
| Post Response Check List Immediately notify AED program director (Greenbelt or WFF medical director) Time: | | | | | | | |
| Do Not Remove AED Battery. Forward AED to AED program director for data analysis | | | | | | | |
| As soon as possible, retrieve/replace AED and replenish supplies: Chest pads Face mask Gloves Razor Scissors Paper towels | | | | | | | |
| · | | (Printed Name): | Signatu | | | | Date: |